DOLLY PARTON’S IMAGINATION LIBRARY ENROLLMENT FORM

Please Print

1st Preschool Child’s Full Name _____________________________________________

2nd Preschool Child’s Full Name _____________________________________________

Parent/Guardian’s Name ________________________________________________

Address ______________________________________________________________

Phone & Email Address _________________________________________________

Mailing Address for Books (if different)

_______________________________________________________________________

_______________________________________________________________________

This child/children is/are resident(s) of Brookville,
ME______________________________________________________________

(signature of Parent/Guardian)

Mail To: Project Read Up! c/o Brookville Education Foundation, PO Box 277,
Brookville, ME 04617

Privacy Statement: All information you provide on this form will be treated confidentially by Project Read Up! and Dolly Parton’s Imagination Library.